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RCE

PTO/SB/30 (09-03)
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Request For Continued Examination (RCE) Transmittal Address to: MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	<i>Application Number</i>	10/628,243-Conf. #4749
	<i>Filing Date</i>	July 29, 2003
	<i>First Named Inventor</i>	Joseph E. Geusic
	<i>Art Unit</i>	2825
	<i>Examiner Name</i>	I. U. Anya
	<i>Attorney Docket Number</i>	M4065.0501/P501-A

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.
Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. **Submission required under 37 CFR 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

a. ☒ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.

i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____

ii. ☒ Other Amendment filed on August 12, 2004.

b. ☐ Enclosed

i. ☐ Amendment/Reply

iii. ☐ Information Disclosure Statement (IDS)

ii. ☐ Affidavit(s)/Declaration(s)

iv. ☐ Other _____

2. **Miscellaneous**

a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)

b. ☐ Other _____

3. **Fees** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

a. ☐ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. _____

i. ☒ RCE fee required under 37 CFR 1.17(e)

ii. ☐ Extension of time fee (37 CFR 1.136 and 1.17)

iii. ☐ Other _____

b. ☐ Check in the amount of \$ _____ enclosed

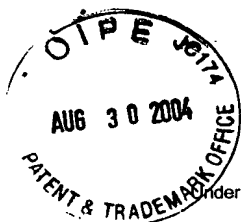
c. ☒ Payment by credit card (Form PTO-2038 enclosed)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED			
Name (Print/Type)	Thomas J. D'Amico Gabriela I. Coman	Registration No. (Attorney/Agent)	28,371 50,515
Signature		Date	August 30, 2004

08/31/2004 CNGUYEN 00000081 10628243

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770.00 OP



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FEE TRANSMITTAL for FY 2004		Complete if Known	
Effective 10/01/2003. Patent fees are subject to annual revision.		Application Number	10/628,243-Conf. #4749
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	July 29, 2003
TOTAL AMOUNT OF PAYMENT (\$)		First Named Inventor	Joseph E. Geusic
770.00		Examiner Name	I. U. Anya
		Art Unit	2825
		Attorney Docket No.	M4065.0501/P501-A

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	3. ADDITIONAL FEES	
<input type="checkbox"/> Money Order	<input type="checkbox"/> Other		
<input checked="" type="checkbox"/> Deposit Account:			
Deposit Account Number	04-1073		
Deposit Account Name	Dickstein Shapiro Morin & Oshinsky LLP		
The Director is authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments		
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			

FEE CALCULATION	
1. BASIC FILING FEE	
Large Entity	Small Entity
Fee Code	Fee Code
Fee (\$)	Fee (\$)
Fee Description	Fee Paid
1001 770	2001 385
1002 340	2002 170
1003 530	2003 265
1004 770	2004 385
1005 160	2005 80
SUBTOTAL (1) (\$) 0.00	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	
Total Claims	** =
Independent Claims	** =
Multiple Dependent	
Large Entity	Small Entity
Fee Code	Fee Code
Fee (\$)	Fee (\$)
Fee Description	Fee Paid
1202 18	2202 9
1201 86	2201 43
1203 290	2203 145
1204 86	2204 43
1205 18	2205 9
SUBTOTAL (2) (\$) 0.00	
**or number previously paid, if greater; For Reissues, see above	

FEE CALCULATION	
Large Entity	Small Entity
Fee Code	Fee Code
Fee (\$)	Fee (\$)
Fee Description	Fee Paid
1051 130	2051 65
1052 50	2052 25
1053 130	1053 130
1812 2,520	1812 2,520
1804 920*	1804 920*
1805 1,840*	1805 1,840*
1251 110	2251 55
1252 420	2252 210
1253 950	2253 475
1254 1,480	2254 740
1255 2,010	2255 1,005
1401 330	2401 165
1402 330	2402 165
1403 290	2403 145
1451 1,510	1451 1,510
1452 110	2452 55
1453 1,330	2453 665
1501 1,330	2501 665
1502 480	2502 240
1503 640	2503 320
1460 130	1460 130
1807 50	1807 50
1806 180	1806 180
8021 40	8021 40
1809 770	2809 385
1810 770	2810 385
1801 770	2801 385
1802 900	1802 900
SUBTOTAL (3) (\$) 770.00	

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Thomas J. D'Amico Gabriela I. Coman	Registration No. (Attorney/Agent)	28,371 50,515
Signature		Telephone	(202) 828-2232
		Date	August 30, 2004